

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
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12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
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34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	7		7		7		TOTAL IND.	7		7	
TOTAL DEP.	0		0		0		TOTAL DEP.	0		0	
TOTAL CLAIMS	7		7		7		TOTAL CLAIMS	7		7	